SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
BLUGGRASS RURAL	C00567172
Check if 24-hour report 48-hour report New report Amends report filed	on () There's , years are the contract of
Full Name of Payee	Date of Public Distribution/Dissemination
WANO Mailing Address	10 28 2014
	Amount pure representation represent
P. O. Box 823 City Midd/5560RD Ry 40965	26250
Purpose of Expenditure Category/ Type Category/ Type	Date of Disbursement or Obligation
Name of Federal Candidate Support Office	Sought:
Mitch MC CONNELL POppose	President Senate State: 49
Calendar Year-To-Date Per Election for Office Sought Disbut	rsement For: Primary General Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	10 20 2014
P.O. Box 823	Amount Processor and meson according to the appropriate species according
City Middles 60RO Ky 40965	26250 Date of Disbursement or Obligation
Purpase of Expenditure Radio Ads Category/ Type 00 4	10 16 2014
	Sought House District: President Senate State:
	resident For: Primary General
Per Election for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	52500
(b) SUBTOTAL of Uniternized Independent Expenditures	grammyse om , på energinnengsveks opsika agstörreppister græteksinstere, på tiller grammyse om , på energinnengs grammyse om , på energinnengsveksinskeller ock m, på energinnengsveksins skir skir.
(c) TOTAL Independent Expenditures	i provincija se krijeni ve igranica granica granica granica program i krijeni i se i provincija se i nje i se u ugo Provincija se i prima se i
	e can mener in de com com contra de activamento de compressión de la maria en activamente en el mener de la co
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Date Date	A 17 72116
Signature	0: 1.7 2617

FEC Schedule E (Form 3X) Rev. 09/2013

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SCHEDU	ILE E	(FEC	Form	3X)	
ITEMIZED	INDEPE	NDENT	EXPE	NDITURE:	ŝ

TENNIZED INDEPENDENT EXPENDITORES	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
BLUEGRASS RURAL	C00567172
Check if 24-hour report 48-hour report New report Amends report filed	d on
Full Name of Payee	Date of Public Distribution/Dissemination
THE MANCHESTER ENTERPRISE Mailing Address	10'20'20/4
P.O. Box 449	Amount suppression production of the contraction of
Marchester Ky 40962	30000000000000000000000000000000000000
Purpose of Expenditure Category/ Type O F O F O O F O O F O O O	Date of Disbursement or Obligation
Name of Federal Candidate Support Office	e Sought: House District:
Mitch MCGNNEU DOppose	President Senate State: Ky
Calendar Year-To-Date Per Election for Office Sought	oursement For: Primary General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
FORCH BROADCASTING	10 20 20 4
534 BbAcco Rd.	Amount grading production of the production of
City London Ky State Zip Code Vo 741	375,06 Date of Disbursement or Obligation
Purpose of Expenditure Radio Ads Category/ OBY Type OBY	18'16'2014
Name of Federal Candidate Support Office	ce Sought: House District
Mitch MCCONNELL DOPPOSE	President Senate State: LY
Calendar Year-To-Date Per Election for Office Sought	oursement For: Primary General Other (specify) ▶
	line can ha en stans es kan rande en rande sen entlanne cline de blance et fra ser lines en la conf
(a) SUBTOTAL of Itemized Independent Expenditures	Learning of the Administration of the American State of the Americ
(b) SUBTOTAL of Uniternized Independent Expenditures	para in promo a care spirito di parti in conservante quanti appara a successi antique a care grandita di care di accidenta di accident
(c) TOTAL Independent Expenditures	samen septembro en
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	27 Oktober 2000
Date /	0 12 2014
Signature	enter the Colombianes of the Colombian Colombi

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SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

TEMIZED INDEPENDENT EXPENDITURES	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
BLUEGRASS RURAL	C00567172
Check if 24-hour report 48-hour report New report Armends report filed	I ou Buckling 1 Services 1 1 2 A Comment of the company
Full Name of Payee	Date of Public Distribution/Dissemination
Forcht Broadcosting	10'20'2014
Meiling Address P. O. Box 1480	Managed Same Service S
City State Zip Code	23 7 50
Somersof Ky 42502	harandan Ana Manakana da katan katan da katan d
Purpose of Expenditure Category/	Date of Disbursement or Obligation
RAdio Ads Type OGT	10 16 2014
	e Sought: House District:
Mitch MCCONNEIL POppose	President Senate State: Kg
Calendar Year-To-Date Per Election for Office Sought	ursement For: Primary General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
WHAY RADio	10 20 2014
Mailing Address	Amount
P.O. Box 69	has an in the straightness of massive missing and the straightness of massification of the straightness of
City Whitley City State Zip Code **Y2.653	in the international description of the international description des
Purpose of Expenditure	Date of Disbursement or Obligation
. Radio Ads Type ST.	10162014
Mitch MCC NNFILL DECORDOSE	e Sought: House District:
	ursement For: Primary General
Per Election for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	61250
	kan dan salah sadik sedik sedik sedik sedik sedik bertak bertak sedim salah sadik bertak bertak sedik sedik se Jerupak sedik sejarah persangan sedik
(b) SUBTOTAL of Uniternized Independent Expenditures	tion and coming world the restaurant beautiful the section of Franchises and
	the consideration of the contribution of the c
(c) TOTAL Independent Expenditures	है. है. है. है.
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	TOSTIGNES / (現場の可能機能) . compatible activacionistics .
Date	0 17 2014
Signature 6.4-	

ITEMIZED INDEPENDENT EXPENDITURES		•	PAGE	OF R
LIVING OF CONTINUE (I. F. II)		· · · · · · · · · · · · · · · · · · ·	FOR LINE	24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION	ON NUMBER ▼
BLUEGRASS RURAL			C0056	7.1.72
Check if 24-hour report 48-hour report New report	Amends repo	rt filed on 🕴 👚	And Labor	
Full Name of Payee		Date of	Public Distribution	/Dissemination
WPRT EPBST Ky BROPDICE Mailing Address	ostiva		0'20'	Zòiy
P.O. Box 2200	•	Amoun	t apa maganarananagaarsagaa	gar (Maria) ette (New Medillocus)
City Pikeville Ky	ip Code	Armail (4)	discost in discost from the	100,00
Purpose of Expenditure	11361	Date o	f Disbursement or (Obligation
RADIO Ads	Category/ O O	4 7	8 76	2014
Name of Federal Candidate	Support	Office Sought	: House	District:
Mitch MC CONNEll	Oppose	Preside	nt Senate	State: KY
Calendar Year-To-Date Per Election for Office Sought	รูกสารสูงครั้งสารสารตร (เกลย์ (เกลย์)) ชีว เปลี่ยงแล้งสี ใช้เกลย์ที่ เกลย์ พี	Disbursement OI	For: Primary her (specify) >	General
Full Name of Payee		Date o	f Public Distribution	/Dissemination
MLB RESEARCH DSSOCIATES			0'16'	2014
Mailing Address 54 Stage Rd.	· · · .	Amour	nt Nt congress sengament responsive again consiste	202
	ip Code			16275
Williamsburg MA	01096	Date o	f Disbursement or	Obligation
Purpose of Expenditure VETERANS FLUER	Category/ OO	6 7	8 16	2014
Name of Federal Candidate M: + ch M C CONNEU	Support	Office Sought	L	District:
	Oppose	Preside		State:
Calendar Year-To-Date Per Election for Office Sought	2	Disbursement Or	For: Primar ther (specify) ►	y General
		di ka militaran	nggaran ng pawiking pawing pawingsa d	Establication of the state of t
(a) SUBTOTAL of Itemized Independent Expenditures	······································	· >	ali me didise sebesar kasadik	62.75
(b) SUBTOTAL of Uniternized Independent Expenditures	9 () 10 1 4 <i>2</i> 1 1 00 1 00 1 000 1 1 000 1 1 1 1 1 1	• •	Agricating additional artitless gave	
			usi, mulikkin n Eranunkan mulik n maanina pan magamina, miningan	
(c) TOTAL Independent Expenditures	······································	" > {	rrika, pro Propositi rasarita apelitikar	a to Vision to the control them as the action
Under penalty of perjury I certify that the independent expenditures in with, or at the request or suggestion of, any candidate or authorized of party committee) any political party committee or its agent.	eported herein were committee or agent o	not made in c	coperation, consult the reporting entity	ation, or concert is not a political
	Date		17 20	1 1
Signature	Uate	1.40	11 60	Colods Joseph

SCHEDULE E (FEC Form 3X)	•
ITEMIZED INDEPENDENT EXPENDITURES	PAGE S OF 8 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER V
BLUEGRASS RURAL	000567172
Check if 24-hour report 48-hour report New report Amends report filed	on the first transfer of the first transfer
Full Name of Payee	Date of Public Distribution/Dissemination
Codiz RECORD	10/13/2014
PO Roy 1670	Amount
City State Zip Code	2000
Purpose of Expenditure	Date of Disbursement or Obligation
Display ad Category GO 4	10/14/2014
Name of Federal Candidate Support Office Oppose	e Sought: House District: President Senate State:
Calendar Year-To-Date Per Election for Office Sought Approximation of the Company of the Compan	ursement For: ☐ Primary ☐ General ☐ Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
CAD: A KECORD Mailing Address	10 22 2014
P.O. Box 1670	Amount yers space, acceptance processes a paragraph of a process
City Code Ky State Zip Code 42211	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type Category/ Type Category/ Type	10 14 2014
Name of Federal Candidate Support Office	e Sought: House District:
MITCH MCCONNELL Support Office	President # Senate State: KY
	ursement For: Primary ☐ General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	gram principa emperation emperation production in production of the second emperation of the sec
(b) SUBTOTAL of Uniternized Independent Expenditures	e province per contra contra province de servicio de servicio de servicio de servicio de servicio de servicio d La contra de servicio de s
(c) TOTAL Independent Expenditures	the consideration of representations of the profession of the second of
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Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
party commands any pointed party committee of no agent.	•
Date Date	01772014
Signature S. J.	itani i fariofiai i landii deis Tali

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES	PAGE 6 OF 8
	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (in Full)	FEC IDENTIFICATION NUMBER ▼
BLUEGRASS RURAL	C00567172
Check if 24-hour report 48-hour report New report Amends report filed	on boundaries handbare handbarets
Full Name of Payee	Date of Public Distribution/Dissemination
Good NEighbor Malling Address	10/12/2014
3042A LONE OAK Rd.	Amount м поттрати прилогурати упис курцийнтична инжуми перия и при мур
Paducysh Ky 42003	25350
Purpose of Expenditure Category/	Date of Disbursement or Obligation
Display Ad Type 904	10172014
Name of Federal Candidate Mi+th MC CONNEIL Poppose	President Senate State:
Calendar Year-To-Date	ursement For: Primary General
Per Election for Office Sought	Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
Good NEighbor Mailing Address	10'19'2014
3042A LONE OAK Rd.	Amount presentation of the engineers from the resistance and the engineers
PAducish Ky 42003	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Category/	Name of Disousement of Obligation
Display Ad Type OBY	January January 200
Mitch MC Convoll Poppose	e Sought: House District: President Senate State:
Per Flection for Office Sought	ursement For: Primary General
Emery relation and determinant the contribute standards to contribute the contribute con	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	50700
	Livering con a contravation of constitute to an forward exclusion.
(b) SUBTOTAL of Unitermized Independent Expenditures	en filment en fan de filmen fan fan fan fan fan fan fan fan fan fa
(c) TOTAL Independent Expenditures	ka nadhan a transhin e allema diama ilimindona mbana elimaniba y sab
(5) 101/12 11/105/51/105/105/105/105/105/105/105/10	्री क्रिकार संक्षेत्रकात्रेत्रः अस्तिनेक्षकर्मनेक्ष्रकार्यक्षराज्ञेतेत्रकार्यो जन्मनेक अस्तिक नतीयान्त्रे
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	oliver Marie - V. Barthall Marie - V. Barthalland oliver Andrew Andre
Date	0 17 2014
Signature	and the second s

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

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TEMIZED INDEPENDENT EXPENDITURES	PAGE 7 OF 8 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	CIDENTIFICATION NUMBER T
BLUEGRASS RURAL	00567172
Check if 24-hour report 48-hour report New report Armends report filed on	The state of the s
Full Name of Payee Date of Po	ublic Distribution/Dissemination
Good NEighbor	1971 VOVE VI
Mailing Address	1 40 4017
3042A LONE OAK Rd Amount	alandi amendikering berapakan kilonomikalisa semilah kalamatah semilah kilonomika semilah semilah semilah semi Semilah amendikan semilah semi
City PARIL (1992) State Zip Code	253,50
Purpose of Expenditure	isbursement or Obligation
Display and Category 604	2014
Name of Federal Candidate Support Office Sought:	House District:
Mitch MCCONNELL President	Senate State: XY
Calendar Year-To-Date Per Election for Office Sought Other	<u> </u>
	(specify)
Cadia DEC. O.D.	ublic Distribution/Dissemination
Mailing Address	68 2014
$\begin{array}{c c} O & P & 1/2O \end{array}$ Amount	,
City State Zip Code	andrama de mendras e l'an el describer de la constant de la consta
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Purpose of Expenditure	isbursement or Obligation
Display Ad Type 064 /E	62 2014
Name of Federal Candidate Support Office Sought:	House District:
Mitch MCCONEU Dopose President	Senate State:
Calendar Year-To-Date Disbursement Fo	or: General
Per Election for Office Sought	(specify) ▶
	างสือเพราะเกิดเหตร์สิเทเลงราย เป็นเกาะเกิดเหตร์สิเทเลงรับ เลงการก็
(a) SUBTOTAL of Itemized Independent Expenditures	45350
(b) SUBTOTAL of Uniternized Independent Expenditures	villamenkattina korindan olemetrikan ethannik osaben ed
An audit is the	ed Prince Expendence (Round Louis Laboration Filtre in terms d
(c) TOTAL Independent Expenditures	n ang strangas a sagrasa ngarataganatagana agrasa agramangana ag B
	and the contribution of th
Under penalty of penjury I certify that the independent expenditures reported herein were not made in coop	peration, consultation, or concert
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the party committee) any political party committee or its agent.	reporting entity is not a political
\$60.00 m. 100.00	opinisting a grown south to make growing orders.
Date / 8	7 2014
Signature NA STATE ALAN	a spine assessment, servicing and

SCHEDU	LE	E (FEC	Form	3X)	
ITEMIZED	IND	EPEI	NDENT	EXPE	NDIŤI	JRES

ICINIZED INDEFENDENT EXFENDITURES	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
BLUEGRASS RURAL	C00567172
Check if 24-hour report 48-hour report New report Amends report filed	on the second transfer of the second transfer
Full Name of Payee	Date of Public Distribution/Dissemination
CADIT KECORD Malling Address	18'22'2014
PO BOY 1670	Amount
City State Zip Code	2000
Purpose of Expenditure	Date of Disbursement or Obligation
Display Ad Category 004	10 16 2014
Name of Federal Candidate Support Office	Sought: House District:
Mitch MCCONNELL FOPPOSE	President Senate State:
Calendar Year-To-Date Per Election for Office Sought Disbt	ursement For: ☐ Primary ☐ General ☐ Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
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·	Amount
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City State Zip Code	
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City State Zip Code Purpose of Expenditure Category/ Type	สูกกระบบการคราชการความ การเสม พุทธกรรม สูงสามารถการการการการการการความการการการการการการการการการการการการการก
Purpose of Expenditure Category/ Type	Date of Disbursement or Obligation
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Purpose of Expenditure Category/ Type Name of Federal Candidate Support Offic Oppose	Date of Disbursement or Obligation But and the state of Disbursement or Obligation B
Purpose of Expenditure Category/ Type Name of Federal Candidate Support Offic Oppose	Date of Disbursement or Obligation Sought: House District: President Senate State:
Purpose of Expenditure Category/ Type Name of Federal Candidate Support Office Oppose Calendar Year-To-Date Per Election for Office Sought	Date of Disbursement or Obligation Be Sought: House District: President Senate State: ursement For: Primary General Other (specify) ▶ 700000000000000000000000000000000000
Purpose of Expenditure Category/ Type Name of Federal Candidate Support Office Oppose Calendar Year-To-Date Per Election for Office Sought	Date of Disbursement or Obligation Be Sought: House District: President Senate State: ursement For: Primary General Other (specify) ▶
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Purpose of Expenditure Category/ Type Name of Federal Candidate Calendar Year-To-Date Per Election for Office Sought	Date of Disbursement or Obligation Be Sought: House District: President Senate State: Ursement For: Primary General Other (specify) > 2008
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(8/2013)